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- Pallium Canada's LEAP LTC is a 2-day inter-professional course that provides essential palliative and end-of-life skills to physicians, nurses, social workers, personal support workers (PSW), pharmacists, aides and other healthcare staff.
- The course goals are to:
 - improve skills related to palliative care (PalCare)
 - promote interprofessional collaboration
 - link LTC homes with local PalCare teams
 - catalyze Quality Improvement (QI) initiatives
- Courses are organized locally by LTC facilities in collaboration with local palliative care providers. They are facilitated by trained certified LEAP Facilitators (over 540 across the country).
- Pallium Canada is a pan-Canadian, non-profit organization. Its mandate is to build primary-level PalCare capacity by educating healthcare professionals on the essentials of providing PalCare (the palliative approach to care). LEAP courses are developed by content experts in the field.

Results

For the period June 2015 to December 2016:

- A total of 25 courses were delivered, involving a total of 501 participants (See Figure 1). Most courses involved staff from more than one LTC facility.
- Pilot courses undertaken were not included in the analysis.
- The majority of respondents found the course a positive experience and would recommend it to colleagues (see Table 1).
- Self-perceived comfort levels improved significantly pre- vs. post-course for all respondents (See Figure 2).
- Attitudes generally also improved; significantly in 7 out of 12 items. (See Figure 3).

Instruments

	Description	Pre-course	Post-course
Attitude Survey	18 items Likert scale	X	X
Self-Perceived Comfort	16 items Likert scale	X	X
Knowledge Quiz	20 items Multiple choice	X	X
Course Evaluation	46 items		X
PSW Breakout Evaluation	23 items		Only for PSWs
Commitment to Change	Identify 2-3 things you would like to change in your practice		X

Discussion & Conclusion

- The course was a very positive learning experience for the majority of learners.
- Participants experienced an increase in confidence/comfort levels in providing various aspects of the palliative approach to care.
- Respondents committed to undertake a variety of changes in their work.
- LTC facilities are encouraged to update their palliative skills. The LEAP courses appear to be an effective vehicle to do so.

Figure 1: LEAP LTC Learners by Profession

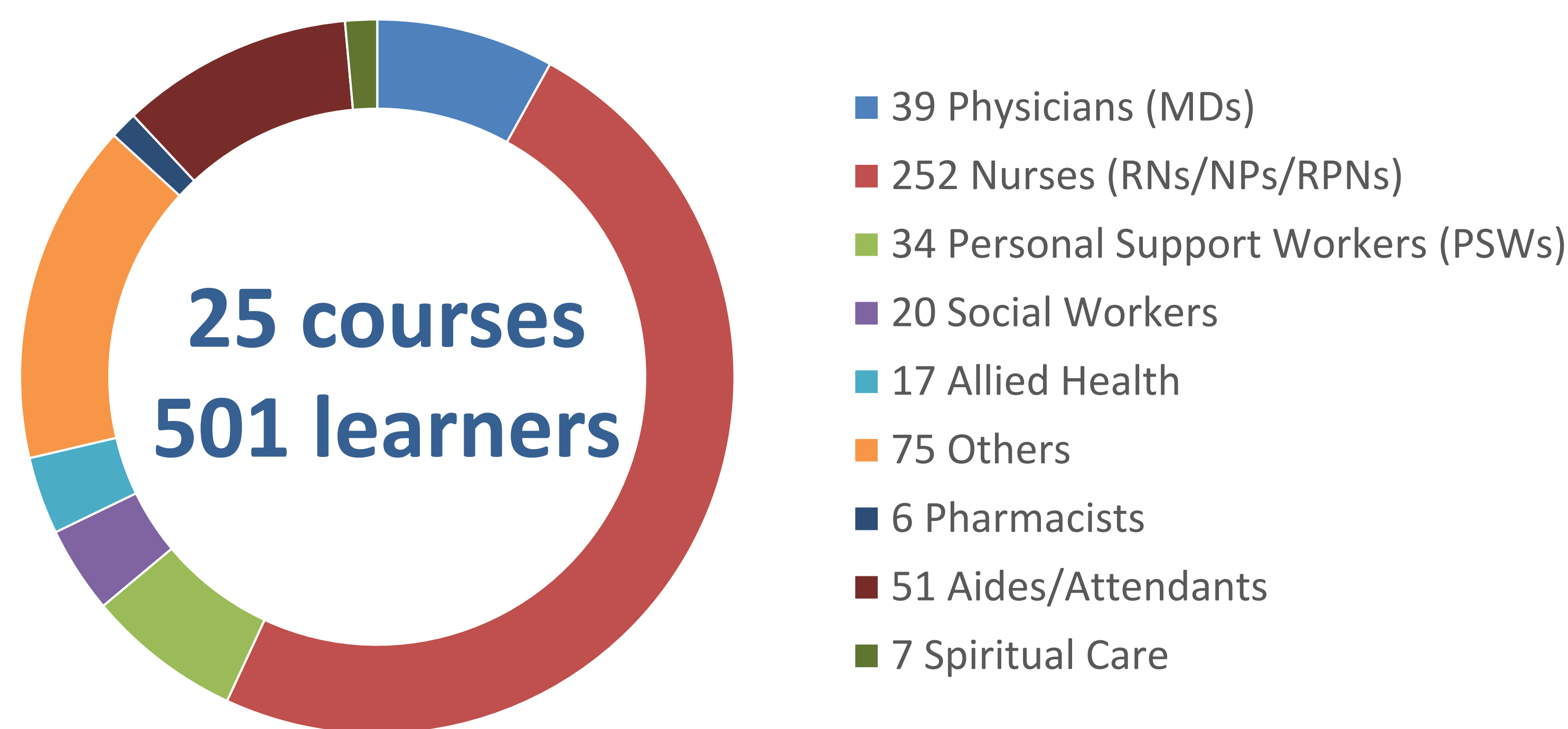


Figure 2: Self-perceived comfort levels pre- vs. post-course

		Course Average					
		MDs	RNs/NPs/RPNs	Social Workers	PSWs/Aides/Attendants	Others	
Introducing the topic of palliative care to residents and their family members	BC	5.4	5.8	5.3	5.7	5.4	5.2
	AC	6.1	6.3	6.0	6.4	5.7	6.2
Initiating conversations around advance care planning with residents and their family members	BC	5.4	5.9	5.4	6.0	4.9	5.4
	AC	6.1	6.5	6.1	6.4	5.9	6.2
Discussing the needs of residents and their families for a palliative approach to care from admission to end-of-life	BC	5.3	5.4	5.4	5.7	4.9	5.2
	AC	6.2	6.3	6.1	6.5	5.8	6.3
Preventing and managing constipation in residents	BC	5.7	5.5	6.2	2.4	5.6	5.1
	AC	6.2	6.6	6.5	3.3	6.3	5.8
Managing nausea in residents	BC	5.4	5.1	6.0	2.4	5.2	4.8
	AC	6.1	6.2	6.4	3.2	6.2	5.7
Identifying residents who may benefit from artificial hydration	BC	4.7	4.7	5.2	1.8	4.8	4.1
	AC	5.6	6.0	5.8	3.1	6.1	5.3
Responding to requests to provide residents with advanced primary cachexia (weight loss) with artificial nutrition via tube feeding	BC	4.2	4.0	4.6	1.7	4.1	3.7
	AC	5.3	6.1	5.5	3.0	4.4	4.9
Managing depression in residents	BC	5.0	5.1	5.1	5.2	4.9	4.7
	AC	5.7	6.1	5.7	5.5	5.0	5.6
Managing delirium in residents	BC	4.8	4.9	5.2	3.1	4.8	4.1
	AC	5.7	6.2	5.9	4.2	5.0	5.3
Identifying and assessing pain in residents	BC	5.5	5.2	6.0	2.8	5.5	4.7
	AC	6.1	6.2	6.4	4.6	6.0	5.8
Developing an appropriate initial pain management plan (based on the WHO Principles and Ladder, best evidence and best practices)	BC	4.6	4.8	5.2	1.6	4.2	3.9
	AC	5.8	6.5	6.0	3.6	5.4	5.3
Maintaining and appropriately titrating an analgesic and opioid regimen	BC	4.4	5.0	5.0	1.3	3.6	3.6
	AC	5.4	6.3	5.8	2.4	4.9	4.8
Managing shortness-of-breath in a resident at the end-of-life	BC	4.8	4.8	5.4	1.4	4.9	4.0
	AC	5.7	6.1	6.1	2.6	5.2	5.4
Providing comfort care and managing end-of-life symptoms	BC	5.6	5.2	5.9	3.2	6.1	5.0
	AC	6.2	6.3	6.4	4.1	6.4	6.1
Supporting residents and their families during the last days and hours	BC	5.9	5.2	5.9	5.9	6.2	5.7
	AC	6.4	6.3	6.5	6.7	6.4	6.4
Supporting a bereaved family member	BC	5.7	5.2	5.7	5.9	6.2	5.5
	AC	6.3	6.1	6.3	6.6	5.9	6.3

BC – Before Course AC – After Course
 • analyzed as continuous data on a scale from 1 to 7 with 1= Very uncomfortable and 7= Very comfortable
 • not mandatory for PSWs and others. Therefore, low response rate
 • yellow graphs mean statistically significant

Table 1: Course Evaluation

	MDs	RNs/NPs/RPNs	Social Workers	PSWs + Aides/Attendants	Others
Relevant to my practice	4.6	4.8	4.5	4.7	4.7
Met my learning needs	4.2	4.7	4.5	4.6	4.6
Overall, a good learning experience	4.3	4.8	4.6	4.8	4.9
Would recommend to colleagues	4.3	4.8	4.6	4.9	4.8

• analyzed as continuous data on a scale from 1 to 5 with 1= Strongly disagree and 5= Strongly agree

Figure 3: Attitude levels pre- vs. post-course

		Course Average
Dying residents make me feel uneasy	BC	5.6
	AC	6.1
I feel helpless when I care for dying residents	BC	5.7
	AC	6.1
I feel uncomfortable when residents discuss death	BC	5.8
	AC	6.2
Caring for dying residents is emotionally draining for me	BC	5.2
	AC	5.5
Hope is not a realistic possibility for dying residents	BC	5.5
	AC	5.9
Caring for dying residents is not a worthwhile experience for me	BC	6.4
	AC	6.7
Caring for dying residents traumatizes me	BC	6.1
	AC	6.4
A palliative approach to care should be implemented beginning at a resident's admission and extending to death and bereavement	BC	2.5
	AC	2.2
A resident with an incurable illness should receive palliative care when there is nothing more that can be done for him/her	BC	3.2
	AC	3.2
We should avoid talking about death with dying residents	BC	5.9
	AC	6.4
Suffering is inevitable in the last week or two of life	BC	5.8
	AC	6.1
Palliative care requires active care	BC	2.7
	AC	2.6
Patients with end-stage heart and lung diseases benefit from palliative care	BC	2.1
	AC	1.8
All long term care workers who care for residents with progressive incurable illnesses should at least be able to provide good basic palliative care	BC	1.8
	AC	1.7
When they are used according to guidelines, opioids do not reduce life expectancy	BC	2.7
	AC	1.8
Withholding tube feeding in a resident with advanced cancer who is in the very terminal phase of life and who is no longer able to eat constitutes good care	BC	3.8
	AC	2.8
Withholding hydration with a drip in a resident with advanced cancer who is in the very terminal phase of life and who is no longer able to drink constitutes good care	BC	4.1
	AC	3.2
Long term care workers should be able to identify those residents who may require additional religious or spiritual support	BC	2.0
	AC	1.9

BC – Before Course AC – After Course
 • analyzed as continuous data on a scale from 1 to 7 with 1= Strongly agree and 7= Strongly disagree
 • not mandatory for PSWs and others. Therefore, low response rate
 • yellow graphs mean statistically significant

Examples of Top Commitment to Change reported

"All admissions include a discussion with families, representatives and residents about their current advance care planning, all documents requested as part of the screening process." – Social Worker

"Advance Care Planning (ACP) is becoming part of the culture in our office. ACP is discussed with staff and it is becoming a more comfortable conversation with our clients." – Nurse

"I applied the Palliative Performance Scale to assess the pain of the palliative resident, & then reported to Registered Nurse." – Aide/Attendant

"I take active part in the interdisciplinary end of life symptom management and this is an on-going activity whenever there is a palliative status in our resident." – Nurse

To register or organize a course